

PCT**REQUEST**

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference:
(if desired)(12 characters maximum)**G25-073****Box No. I TITLE OF INVENTION****SOLENOPSIN A, B AND ANALOGS AS NOVEL ANGIOGENESIS INHIBITORS****Box No. II APPLICANT**

Name and address: (*family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country*)

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 This person is also inventor

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Box No. III FURTHER APPLICANT(S) AND/OR FURTHER INVENTOR(S)

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This person is:

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State (i.e. country) of nationality: US

State (i.e. country) of residence: US

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 Further applicants and/or (further) inventors are indicated on a continuation sheet.**Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person below is hereby/has been appointed to act on behalf of agent common representative

Name and address: (*family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country*)

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 Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.